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CONFIRMATION NO. 8259

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|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/625,059  | <b>FILING OR 371(c) DATE</b><br>07/22/2003<br><b>RULE</b>   | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1623   | <b>ATTORNEY DOCKET NO.</b><br>10589-015-999 |
| <b>APPLICANTS</b><br>Richard G. Wilde, Somerville, NJ;<br>Paul D. Kennedy, Kalamazoo, MI;<br>Neil G. Almstead, Holmdel, NJ;<br>Ellen M. Welch, Califon, NJ;<br>James J. Takasugi, Lawrenceville, NJ;<br>Westley J. Friesen, Huntingdon Valley, PA;  |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/398,334 07/24/2002   |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 09/04/2003   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>28                   |
| <b>INDEPENDENT CLAIMS</b><br>6  |   |                               |   |   |
| <b>ADDRESS</b><br>20583   |   |                               |   |   |
| <b>TITLE</b><br>Nucleoside compounds and their use for treating cancer and diseases associated with somatic mutations   |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>638   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |